



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
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DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

INFORMATIONAL LETTER NO. 690

DATE: March 14, 2008

TO: Iowa Medicaid Medical Supply and Pharmacy Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: Enteral Supplies

EFFECTIVE: Upon Receipt

This is to advise of correct billing for enteral supplies related to changes in HCPCS codes. Procedure code B4806 was eliminated by HCPCS effective January 1, 2008 and replaced with B4087 and B4088.

<u>Code</u>	<u>Description</u>	<u>Fee</u>	<u>Normal Quantity</u>
B4034	– Syringe feeding kit*	\$ 5.62	1 unit per day
B4035	– Pump feeding kit*	\$10.57	1 unit per day
B4036	– Gravity feeding kit*	\$ 7.33	1 unit per day
B4087	– Standard gastrostomy/jejunostomy tube	\$38.22	1 unit per 3 months
B4088	– Low profile button kits	\$199.27	1 unit per 3 months
B9998	– 12 inch extension set	\$48.51	1 unit (1 case of 5 per month)
B9998	– 24 inch extension set	\$50.82	1 unit (1 case of 5 per month)
B9998	– Bard decompression tube	\$15.86	2 per month

B9998 must include a description of 12 inch extension set, 24 inch extension set or decompression tubes.

Amounts that exceed the normal quantities listed above are covered when medically necessary. The claim must include documentation of the medical necessity. The code must be billed with the “GD” modifier for “medically necessary units exceed the norm.”

* Requires prior authorization.

If you have any questions, please contact IME Provider Services, 1-800-338-7909, locally 515-725-1004 or by e-mail at imeproviderservices@dhs.state.ia.us